

**APPLICATION GUIDELINES FOR THE  
CALIFORNIA MEDICAL ASSOCIATION FOUNDATION  
MEDICAL STUDENT COMMUNITY LEADERSHIP GRANT PROGRAM**

The CMA Foundation is pleased to award grants to California medical student organizations in support of projects that promote community health and well being. The following are our grant guidelines.

1. Medical student organizations in all allopathic and osteopathic programs in California will be eligible to apply for grants. Grants will support health-related educational, advocacy, community service, and other outreach programs that enhance the well being of California's communities. Priority will be given to projects for which funding is not traditionally provided by medical schools or local community sponsors. Students are strongly encouraged to seek funding from sources other than CMAF, as our funds are limited.
2. Projects must have a completion timeline of no longer than one year after the date of approval. If continuance beyond one year is anticipated, a written explanation must be submitted to CMAF for approval before the end of that year. Projects that have already been completed or will be completed by the time the application is processed will not be funded.
3. Grants will average \$250-\$1000, with lesser or greater amounts awarded when necessary and appropriate.
4. The application (see attached) will require a one-page (maximum 250 word) statement describing the project or program to be supported and explaining its contribution to the community and to medical student education, as well as the signature of a medical school dean affirming the "good status" standing of the applicant at that program. A short budget indicating estimated expenses will also be required.
5. Applications will be reviewed during the first week of each month by the CMA Foundation Medical Student Community Leadership Grant Program Review Board. Their recommendations will be forwarded to the CMA Foundation President and CEO for consideration in the final decision. *Applications must be received by the LAST DATE of each month to be considered early the following month.* Grantees will be notified by email of their award status, the email will be followed by a formal Letter of Agreement to be signed by the grant applicant.
6. All promotional materials for the project must indicate CMA Foundation support of the project. The CMA Foundation Logo will be provided upon grant approval.
7. All projects must be completed within one year of notification of the award or the grant may be rescinded. In order to receive reimbursement, grantees will be required to provide a Final Report packet including a summary review of the program supported through the CMAF grant (250 words), a budget outlining utilization of funds, a completed Grant Evaluation Form, all original receipts, copies or pictures of any promotional materials displaying the CMA Foundation Logo, photos / videos documenting the project and release forms for any photos or video. The CMA Foundation writes checks on the 15th and the last day of each month.
8. By applying for a Grant, you also share your ideas with others. Grantees are encouraged to disseminate information about successful projects via email or other medium to other medical schools throughout the state, who may wish to replicate such programs on their own campuses. All grant applications and follow-up evaluations are retained on file and may be utilized by the Foundation as a resource to aid other students or publicize the program.



**APPLICATION FOR THE  
CALIFORNIA MEDICAL ASSOCIATION FOUNDATION  
MEDICAL STUDENT COMMUNITY LEADERSHIP GRANT PROGRAM**

TO: California Medical Association Foundation  
3835 North Freeway Blvd., Suite 100  
Sacramento, California 95834

DATE: \_\_\_\_\_

TITLE OF PROJECT: \_\_\_\_\_

**CATEGORY:**

Educational	
Advocacy	

Community Service	
Other	

TOTAL AMOUNT REQUESTED: \$\_\_\_\_\_

<b>APPLICANT</b> <b>Local Chapter</b> _____
Local Chapter Representative Last name, First name, Initial
Social Security Number
Degree(s), Date(s) received or pending
Present Institution
Street and number, City, State, Zip code *
Telephone, Facsimile, E-mail

In applying for this grant, we agree to utilize these funds for the purposes described in this application.

Applicant Signature \_\_\_\_\_

**DESCRIPTION OF PROJECT:**

Use this space to summarize concisely your proposed project or program to be supported, explaining its contribution to the community and to medical student education. (You may use a maximum of 250 words.)

**BUDGET:**

Explain how your proposed grant will be spent (include a short budget indicating estimated expenses).

How will you evaluate the success or contribution of your project? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of the Medical School Dean or designee affirming “good status” standing of the applicant or student group.**

Name, Medical School Dean or Designee ( <i>please print</i> ):	
Phone Number:	
Signature:	Date:

<b>Check will be made out to and addressed to the following:*</b>
Last name, First name, Initial, Title
Affiliation with student group / project
Street and number, City, State, Zip code
Telephone, Fax, E-mail

\*Subject to receipt and approval of Final Report.

**INSTRUCTIONS FOR THE APPLICATION FORM**

- The local chapter must submit
  - 1) Application
  - 2) Work plan
  - 3) Budget
  - 4) Timeline
- The project contact is the person with responsibility for the project or program for which funds are requested.
- The program categories allow the foundation to track applications according to general program categories. Please check the one category that best describes the organization/project.
- Completed applications will be considered the first week of the following month.

Send or e-mail the completed application to:

**CMA Foundation**  
**3835 North Freeway Blvd., Suite 100**  
**Sacramento, California 95834**  
**T – (916) 779-6620**  
**F – (916) 779-6667**  
**[lbarron@thecmafoundation.org](mailto:lbarron@thecmafoundation.org)**



**GRANT EVALUATION FOR THE  
CALIFORNIA MEDICAL ASSOCIATION FOUNDATION  
MEDICAL STUDENT COMMUNITY LEADERSHIP GRANT PROGRAM**

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\_\_\_\_\_  
Name of Project

\_\_\_\_\_  
Project Contact Person

\_\_\_\_\_  
Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Medical School

\_\_\_\_\_  
Date program was conducted

\_\_\_\_\_  
Number of participants

Did the program achieve the intended goals? Please explain/describe.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What were the program costs? (Include final costs for food, supplies, speakers, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other feedback (include copies of formal program evaluations, if applicable).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach copies of any generated materials by the event such as newspaper articles, local newsletter, etc.

Upon completion of this form please send, fax or e-mail to:

California Medical Association Foundation  
3835 North Freeway Blvd., Suite 100  
Sacramento, California 95834  
Phone: 916-779-6620; Fax: 916-779-6667; Email: [lbarron@thecmafoundation.org](mailto:lbarron@thecmafoundation.org)